

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 09/995860 FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 3RD AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17	1		1			
18						
19						
20						
21		1		1		
22		1		1		
23		1		1		
24		1		1		
25		1		1		
26		1		1		
27		①				
28		1				
29		①				
30		1		2		
31		①				
32		1				
33		①				
34		①				
35		①				
36		2				
37						
38		1				
39		1				
40		1				
41		1				
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2		2			
TOTAL DEP.		22		8		
TOTAL CLAIMS	2	22	2	10		

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						